**HAND HYGIENE OBSERVATIONS**

**Date:** ____________________________  **Auditor:** ____________________________

**Unit:** ____________________________

Please circle one phrase from each column that best describes the opportunity you are observing.

<table>
<thead>
<tr>
<th>Title</th>
<th>Indication</th>
<th>Action</th>
<th>Coached/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD/APNP/PA</td>
<td>Before resident</td>
<td>Alcohol rub</td>
<td></td>
</tr>
<tr>
<td>Nurse</td>
<td>Before asept</td>
<td>Alcohol rub</td>
<td></td>
</tr>
<tr>
<td>CNA</td>
<td>After resident</td>
<td>Soap and water</td>
<td></td>
</tr>
<tr>
<td>EVS</td>
<td>After surroundings</td>
<td>None performed</td>
<td></td>
</tr>
<tr>
<td>Other Staff</td>
<td>After body fluid</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Before resident:** Before resident contact

**Before asept:** Before a clean/aseptic procedure

**After resident:** After touching a resident

**After body fluid:** After body fluid exposure risk

**After surroundings:** After touching resident surroundings

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